

Springfield District Office

2014 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2016

 .VERMONT
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Springfield District Office*

The next few pages describe the demographic makeup of Springfield area adults in 2013-2014.

Half of Springfield adults are female and half are male. Less than two-thirds of adult Springfield residents are 25-64, with more than a quarter ages 65 and older.

- Springfield residents are significantly more likely than Vermont adults to be 65 and older (28% vs. 21%).

More than four in ten Springfield area adults have a high school degree or less.

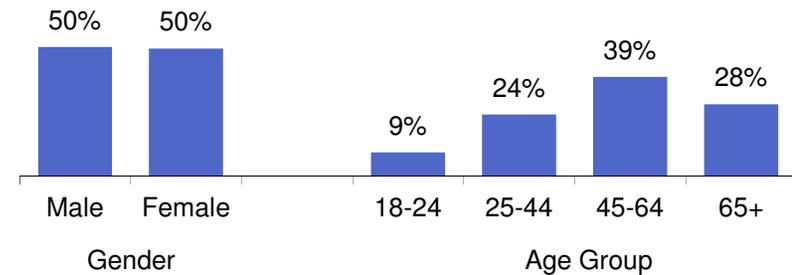
- Springfield adults are significantly more likely than Vermont adults to have a high school degree or less (46% vs. 39%).

About four in ten Springfield adults lives in a home making \$50,000 or more annually.

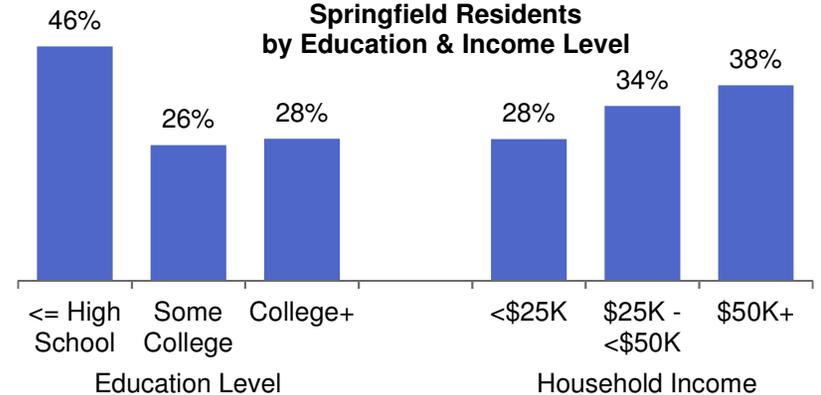
- Springfield adult are significantly more likely than Vermont adults overall to live in homes making between \$25,000-\$49,999 annually (34% vs. 28%) and significantly less likely to live in one making \$50,000 or more annually (38% vs. 48%).

Three percent of adults in the Springfield area, while Vermont overall reported six percent of adults being a racial or ethnic minority.

**Springfield Residents
by Gender and Age**



**Springfield Residents
by Education & Income Level**



*See page 31 for a list of the towns included in the Springfield Health District.

Demographics of Springfield District Office

More than half of Springfield adult residents are currently employed and one in four are retired. Nine percent or less each said they are a student or homemaker (9%), unable to work (7%) or are unemployed (6%).

- Springfield adults are significantly less likely to be employed than Vermont adults (53% vs. 63%).
- Conversely, Springfield residents are significantly more likely than Vermonters overall to be retired (25% vs. 18%).

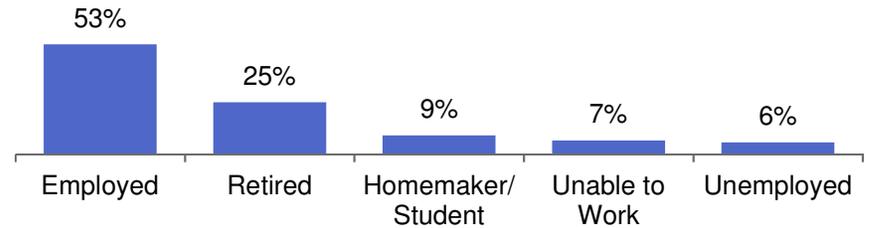
More than half of Springfield adults are married. About one in five have never married, while seventeen percent are divorced. Nine percent are widowed and one in twenty is part of an unmarried couple (4%).

- Springfield adults reported a similar marital status distribution as Vermont adults overall.

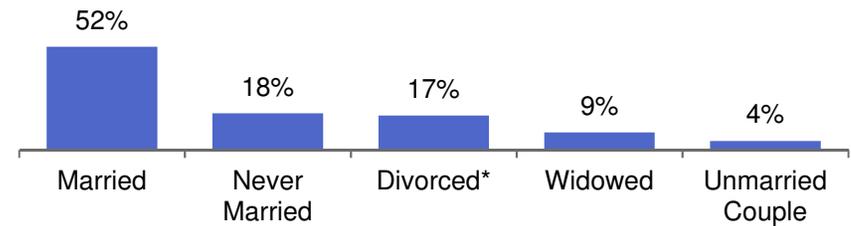
Nearly three quarters (74%) of adults in the Springfield area said there are no children less than 18 in their home. Five percent reported having three or more children.

- Springfield area adults are significantly less likely than Vermont adults to have two children in their home (8% vs. 12%).

Springfield Residents by Employment Status

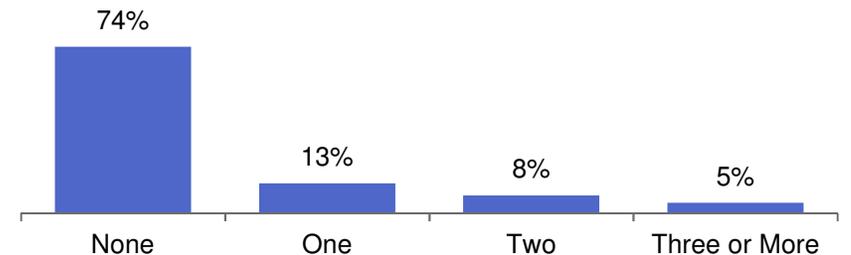


Springfield Residents by Marital Status



*Includes those who reported their marital status as divorced or separated.

Springfield Residents by Children in Household

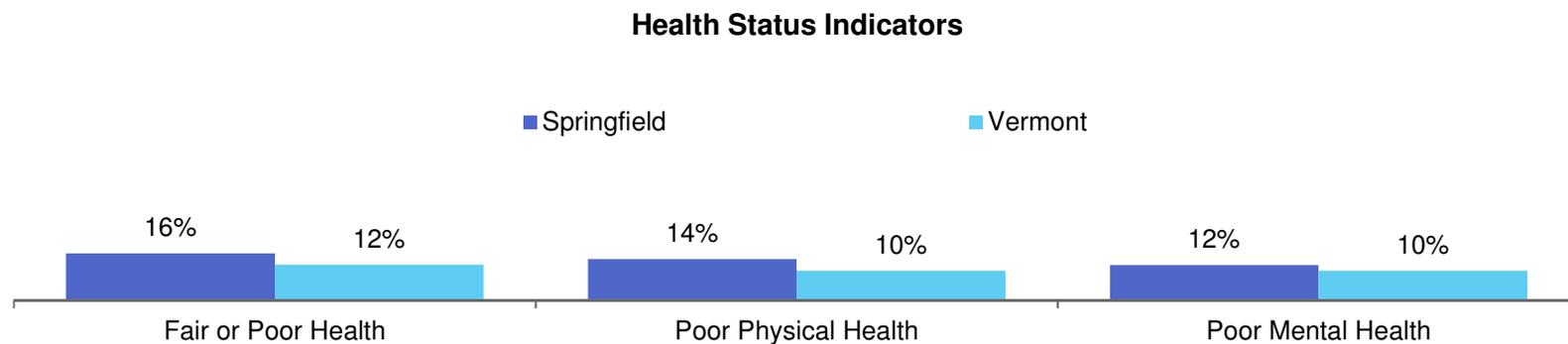


Health Status Indicators

In 2013-2014, one in six Springfield area adults reported fair or poor general health. One in seven reported having poor physical health, while 12 percent reported poor mental health.

- Springfield area adults are significantly more likely than Vermont adults to report fair or poor general health (16% vs. 12%) and poor physical health (14% vs. 10%).
- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

Among adults in the Springfield area, health status indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Status Indicators

Rates of fair or poor health, poor physical health and poor mental health among Springfield area adults do not differ significantly by gender.

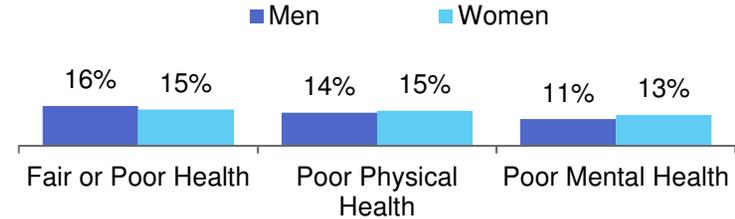
Among Springfield adults, fair or poor general health and poor physical health increases with increasing age.

- Adults 65 and older are significantly more likely to report poor general health compared to younger adults 18-64.
- Similarly, adults 65 and older reported having significantly higher rates of poor physical health than adults 18-44 (22% vs. 9%).
- There are no statistical differences in mental health by age.

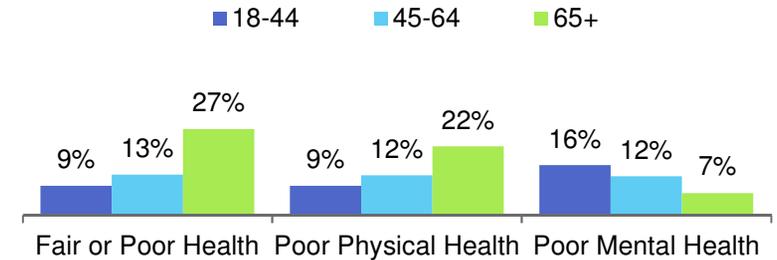
Poor health, regardless of the measure, among Springfield area adults decreases with increasing annual household income.

- Adults in homes making less than \$25,000 per year are significantly more likely than those in homes making \$25,000 or more to report fair or poor general health, poor physical health, and poor mental health.

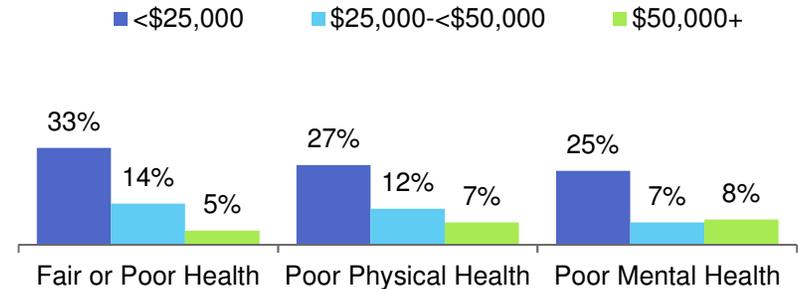
**Health Status Indicators by Gender
Springfield Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

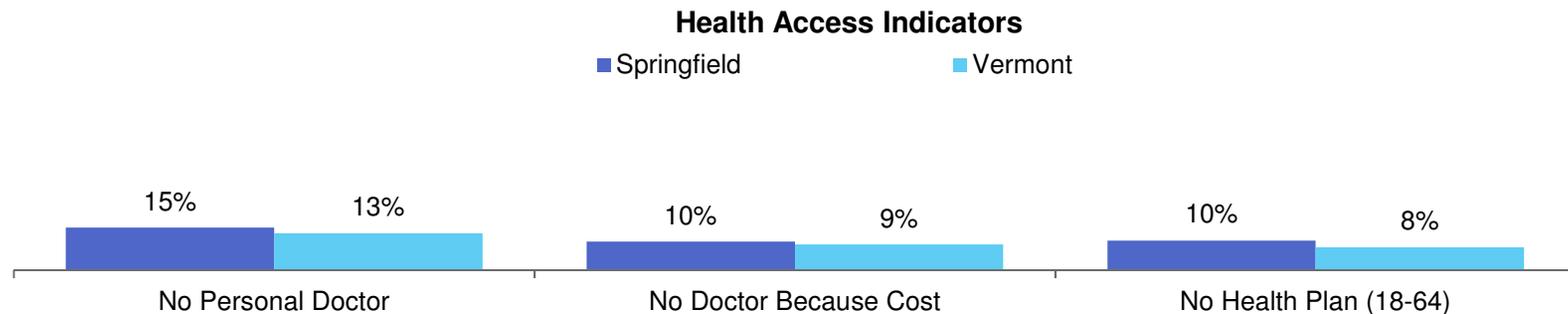


Health Access Indicators

In 2013-2014, one in seven adults in the Springfield area said they do not have a personal doctor for health care. Ten percent said they needed care in the last year but did not seek it due to the cost. One in ten Springfield area adults ages 18-64 said they did not have health insurance.

There are no statistical differences between Springfield area and Vermont adults for any of the health access measures.

Additionally, among Springfield area adults, health access indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Access Indicators

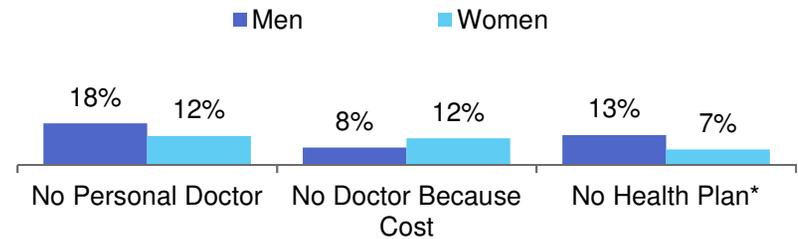
There are no statistically significant differences by gender for any health access indicator, among Springfield area adults.

Poor health care access decreases with increasing age.

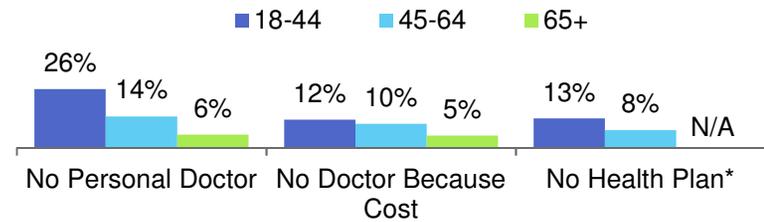
- Springfield adults 18-44 are significantly more likely than those 65 and older to not have a personal doctor.
- There are no statistically significant differences in delaying care due to cost or not having a health plan by age.

There are no statistically significant differences, among Springfield area adults, by annual household income for any health access measure.

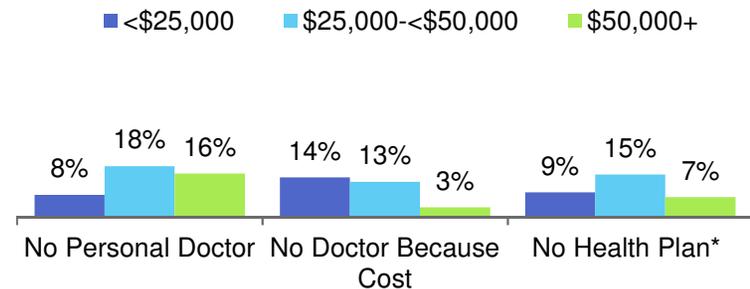
**Health Access Indicators by Gender
Springfield Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Slightly more than a quarter (26%) of Springfield area adults reported having a disability, similar to the 24% among Vermont adults overall.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Springfield area report being disabled at statistically similar rates.

Reported disability among Springfield adults increases with increasing age.

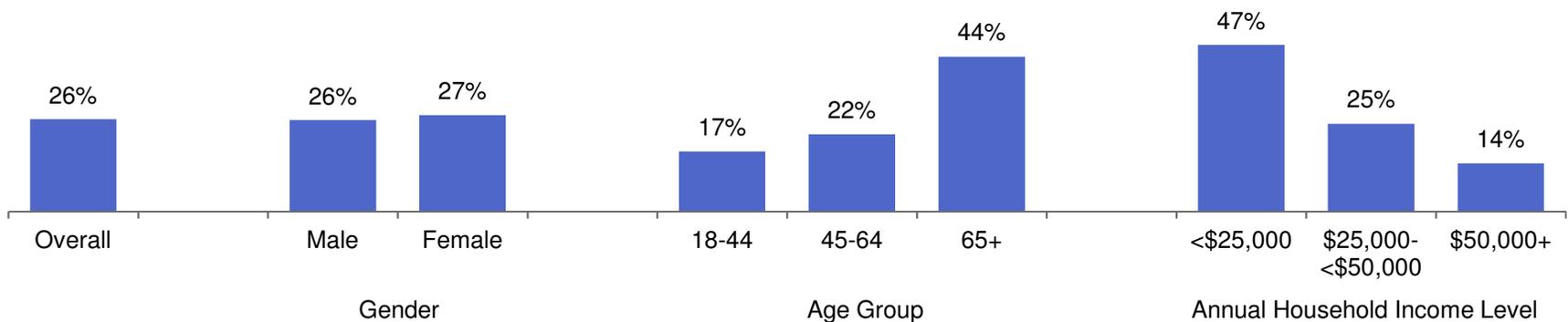
- Adults 65 and older are significantly more likely than younger adults to be disabled.

Springfield area adults with lower annual household incomes are more likely to be disabled.

- Adults living in homes making less than \$25,000 annually are significantly more likely than those with more income to be disabled.

While reported disability among Springfield area adults has decreased since 2011, the change is not statistically significant. See Appendix A for results over time.

**Disability, Overall and by Sub-groups
Springfield Adults**



Chronic Conditions

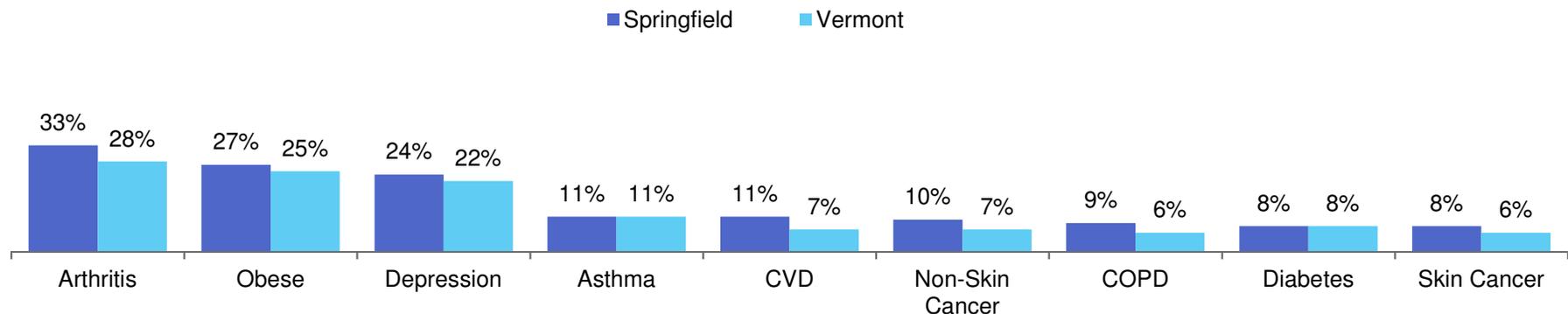
Springfield area adults reported statistically higher rates of chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD) compared with Vermont adults.

- Eleven percent of Springfield adults said they have CVD; seven percent of Vermont adults said the same.
- About a one in eleven (9%) adults in the Springfield area said they have COPD while 6% of Vermont adults reported having the condition.

Springfield adults reported similar rates of the following chronic conditions as compared with Vermont adults overall: arthritis, obesity, depressive disorders, asthma, non-skin cancer, diabetes, and skin cancer.

The prevalence of chronic obstructive pulmonary disease among Springfield area adults has increased significantly over time, from 4% (2011-2012) to 9% (2013-2014). Prevalence of other chronic conditions have not changed significantly since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

Springfield area women are significantly more likely than men to report having asthma (15% vs. 7%).

- There are no statistical differences by gender in the prevalence of arthritis, depressive disorders and obesity.

Arthritis prevalence among Springfield adults increases with increasing age.

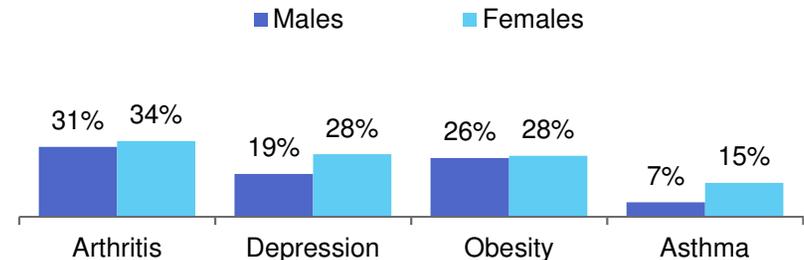
- All differences in arthritis by age are statistically significant.

There are no statistical differences in the prevalence of depression, obesity, or asthma by age among Springfield area adults.

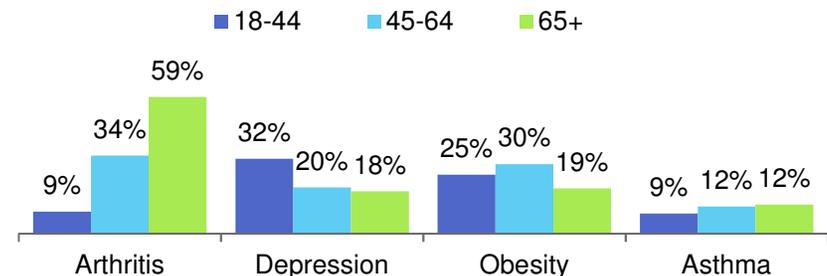
Springfield adults living in homes with less income are more likely than those in homes with higher incomes to have arthritis, depression, obesity, and asthma.

- Adults in homes making less than \$50,000 per year are significantly more likely to report arthritis than those in homes with more income.
- Adults in homes making less than \$25,000 annually are significantly more likely than those with more income to have a depressive disorder.
- Similarly, those in homes with an income of less than \$25,000 are significantly more likely to be obese than those making \$25,000-\$49,999 and more likely to have asthma than those with an income of at least \$50,000 per year.

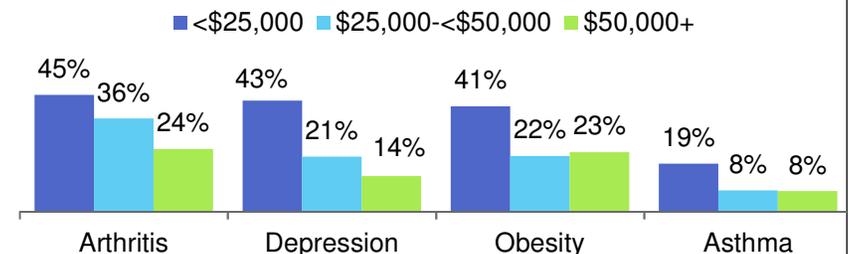
**Chronic Conditions by Gender
Springfield Adults**



Chronic Conditions by Age*



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of cardiovascular disease, diabetes, and COPD.

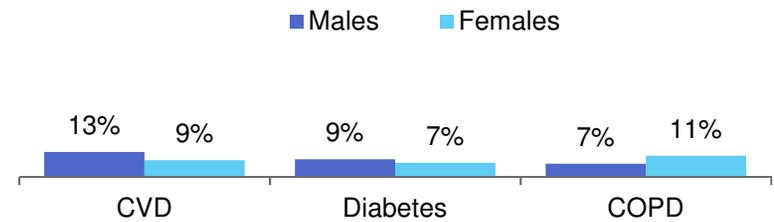
Among Springfield area adults, the prevalence of cardiovascular disease, diabetes, and COPD increase with increasing age.

- Adults 65 and older have a statistically higher prevalence of CVD compared to younger age groups.
- Additionally, adults 65 and older are significantly more likely to report diabetes compared to adults ages 18-44.
- Differences by age in COPD prevalence are not statistically significant.

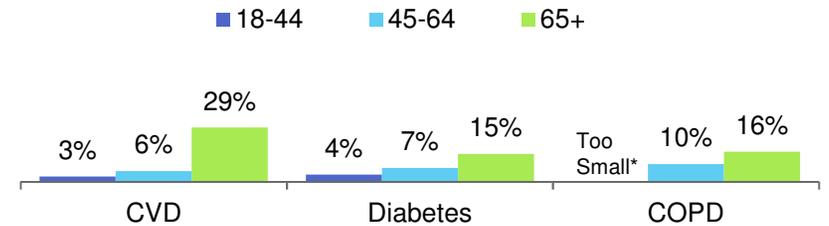
Springfield area adults living in homes with less income are more likely to report cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely to report having COPD than adults in homes with more income.
- There are no statistically significant differences in the prevalence of CVD or diabetes by annual household income.

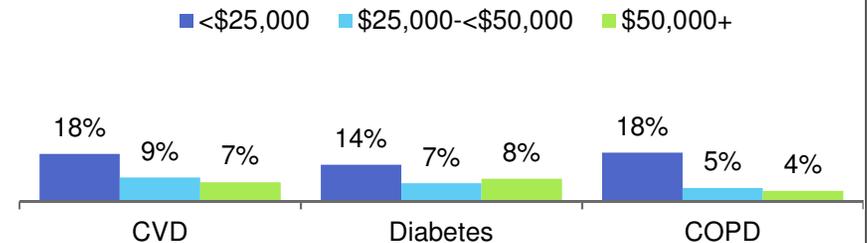
**Chronic Conditions by Gender
Springfield Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

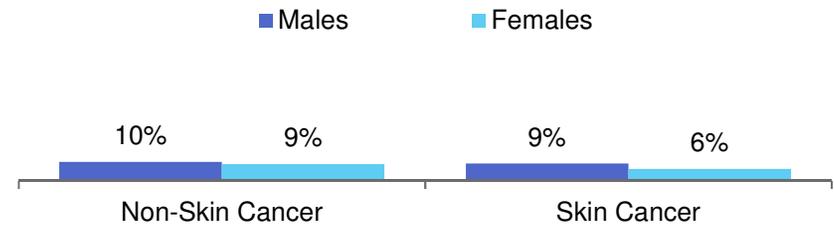
There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender among Springfield adults.

The prevalence of both skin and non-skin cancers increase with increasing age among adults in the Springfield area.

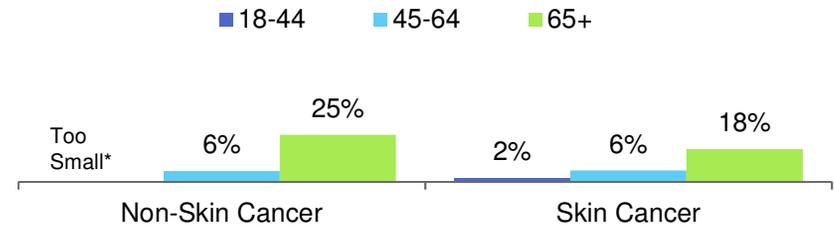
- All differences by age in the prevalence of non-skin cancer are significant.
- Area adults, 65 and older report having skin cancer at statistically higher rates compared to younger age groups.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

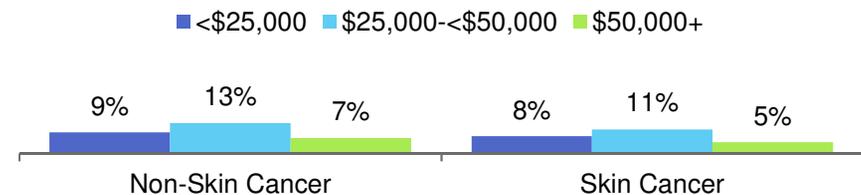
**Chronic Conditions by Gender
Springfield Adults**



Chronic Conditions by Age*



Chronic Conditions by Income Level



*Sample size is too small to report

Risk Behaviors

In 2013-2014, more than two in ten (22%) Springfield area adults said they currently smoke. Among smokers, 65% had tried to quit in the last year.

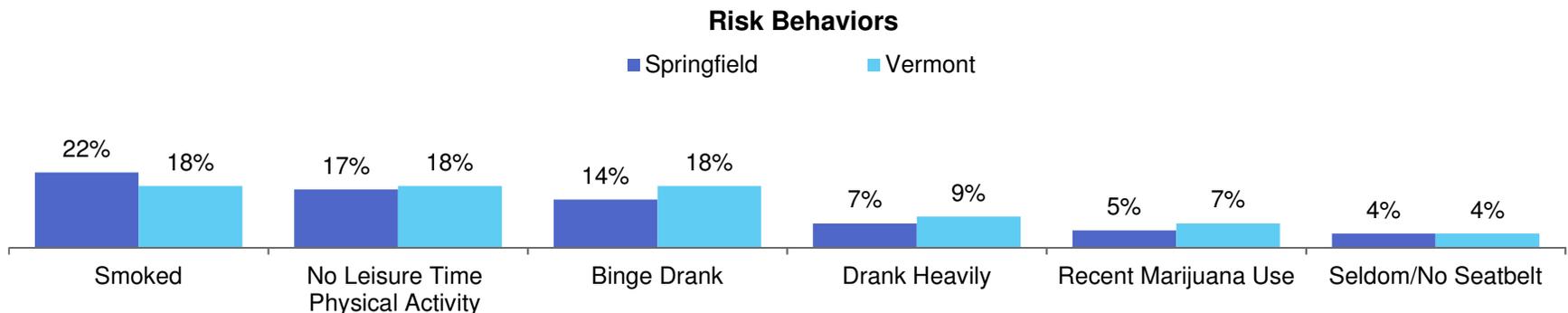
Seventeen percent of Springfield adults reported not participating in any leisure time physical activity during the last month.

One in seven (14%) Springfield adults binge drank during the last month, while 7% reported heavy drinking.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

One in twenty (5%) Springfield area adults recently used marijuana and 4% said they seldom or never wear a seat belt.

There are no statistical differences between Springfield area adults and Vermont adults for any risk behavior measures. Additionally, risk behavior prevalence has not changed significantly for any measure since 2011. See Appendix A for results over time.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant differences in smoking and not participating in leisure time physical activity by gender, among Springfield area adults.

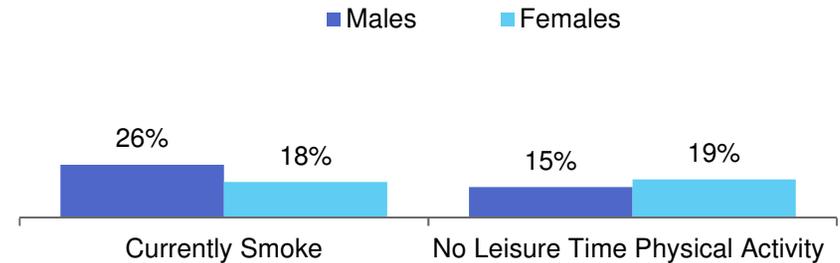
Among adults in the Springfield area, smoking rates decrease with increasing age.

- Adults 18-64 are significantly more likely to smoke than those 65 and older.
- Conversely, not participating in physical activity is higher among older adults however, differences are not statistically significant.

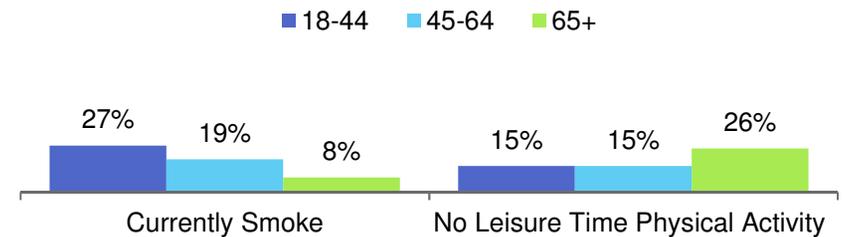
Springfield area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- All differences in smoking prevalence and income level are statistically significant.
- Springfield adults in homes making \$50,000 or more are also significantly less likely to report not participating in any physical activity as compared with those in homes making less than \$25,000.

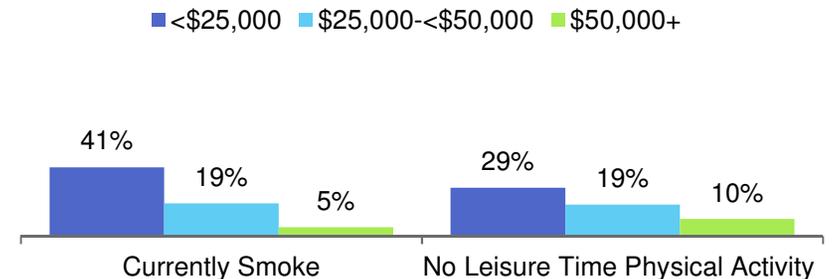
**Risk Behaviors by Gender
Springfield Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

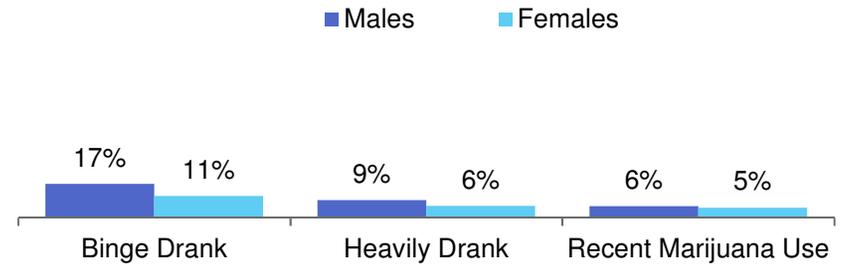
There are no significant differences in the prevalence of binge drinking, heavy drinking, or recent marijuana use by gender among Springfield area adults.

Binge drinking, heavy drinking, and recent marijuana use decrease with increasing age.

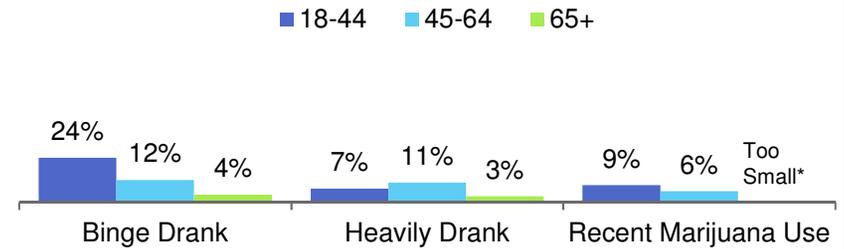
- Springfield adults 65 and older are significantly less likely to report binge drinking than younger adults 18-64 year old.
- Adults 65 and old are also significantly less likely to drink heavily compare to adults 45-64 years of age.
- Differences in marijuana use by age are not statistically significant.

There are no statistically significant differences in binge or heavy drinking or recent marijuana use rates by annual household income level.

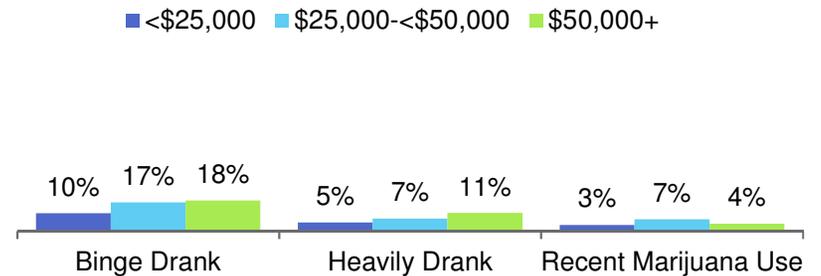
**Risk Behaviors by Gender
Springfield Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report

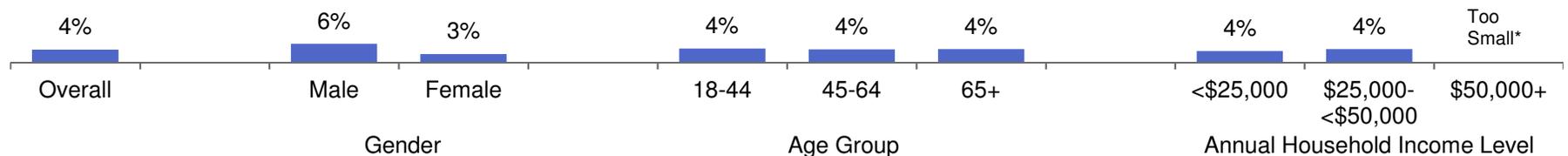
Risk Behaviors

Overall, less than one in twenty (4%) adults in the Springfield area said they seldom or never wear a seatbelt when riding or driving in a car. This is the same proportion as among Vermont adults overall.

Springfield area men have a higher rate of seldom or never wearing seatbelts compared to women (6% vs. 3%), however this difference is not significant.

Adult non-use of seatbelts in the Springfield area also does not differ by age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Springfield Adults**



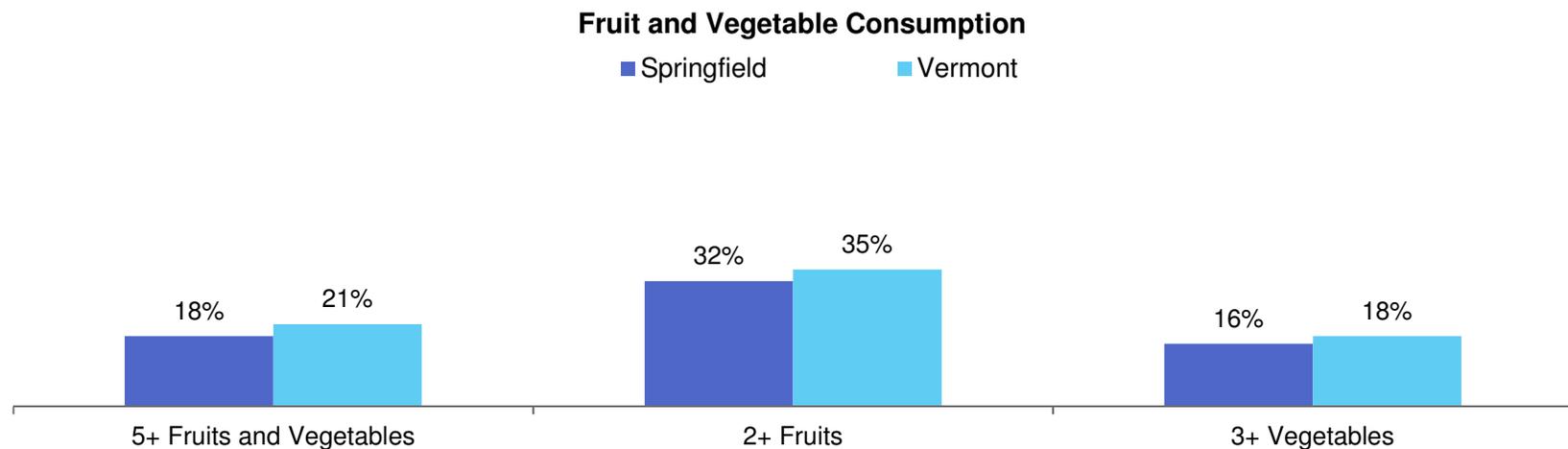
*Sample size is too small to report

Preventive Behaviors

In 2011-2013, less than one in five (18%) Springfield area adults reported eating five or more fruits and vegetables per day. Approximately one third (32%) ate two or more fruits and 16% reported eating three or more vegetables.

Springfield area adult consumption of fruits and vegetables is statistically similar to that of Vermont adults overall.

Fruit and vegetable consumption was asked only in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



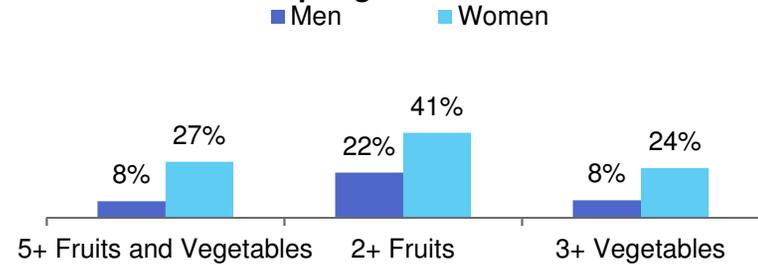
Preventive Behaviors

Women in the Springfield area eat more fruits and vegetables than men.

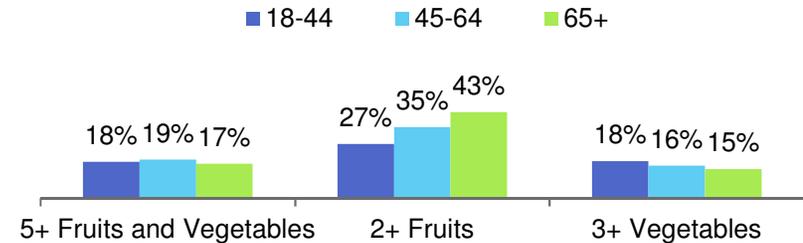
- All differences in fruit and vegetable consumption, by gender, are statistically significant.

There are no differences in fruit and vegetable consumption by age or annual household income, among Springfield adults.

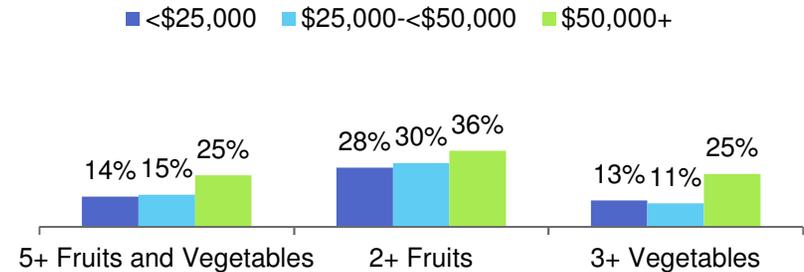
**Preventive Behaviors by Gender
Springfield Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age, are age adjusted to the U.S. 2000 standard population.

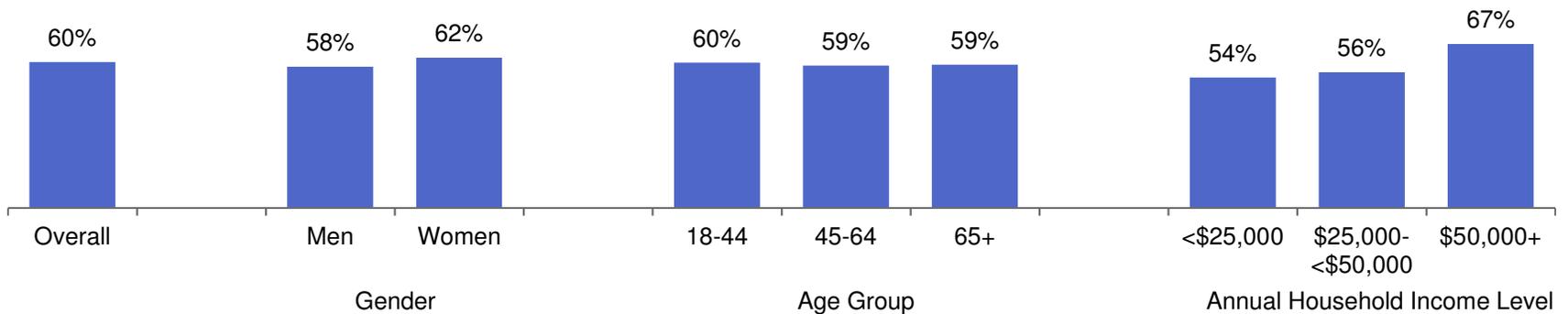
Preventive Behaviors

In 2011-2013, about six in ten (59%) Vermont adults report meeting physical activity recommendations*. This is similar to the 60% reported among Springfield area adults.

Among Springfield adults, there are no significant differences in meeting physical activity recommendations by gender, age or annual household income.

Information on recommended physical activity was only asked in 2011-2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Springfield Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

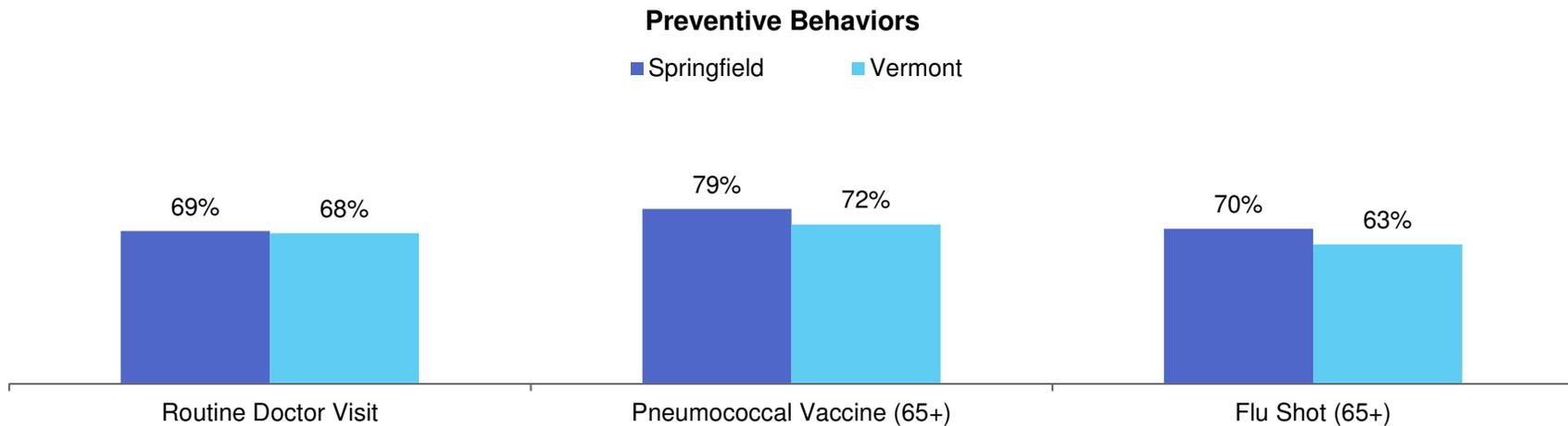
Preventive Behaviors

Seven in ten (69%) adults in the Springfield area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

Seventy-nine percent of Springfield area adults ages 65 and older said they had ever gotten a pneumococcal vaccine. Seventy-percent reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Springfield adults, 72% and 63%, respectively.

Routine doctor visits and receipt of vaccinations among Springfield area adults have not changed since 2011. See Appendix A for results over time.



Preventive Behaviors

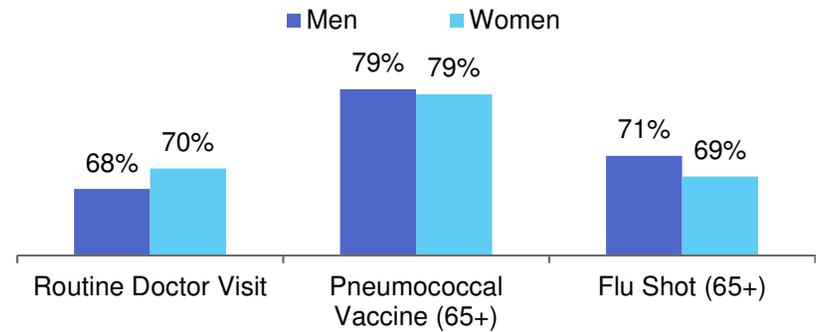
There are no statistically significant differences in routine visits to the doctor or receipt of the pneumococcal vaccine or a flu shot by gender among Springfield adults.

Routine visits to the doctor in the last year increase with age.

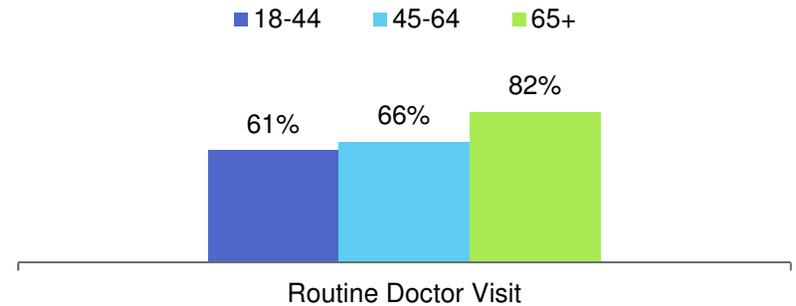
- Adults 65 and older are significantly more likely to routinely visit a doctor than younger adults.

Springfield area adults report similar rates by annual household income in routine doctor visits and receipt of vaccinations.

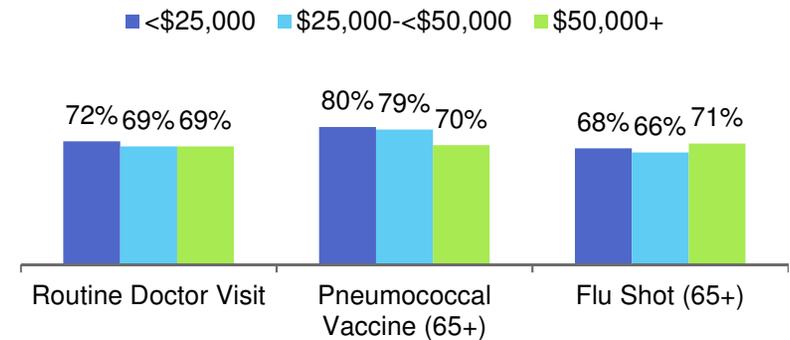
**Preventive Behaviors by Gender
Springfield Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level

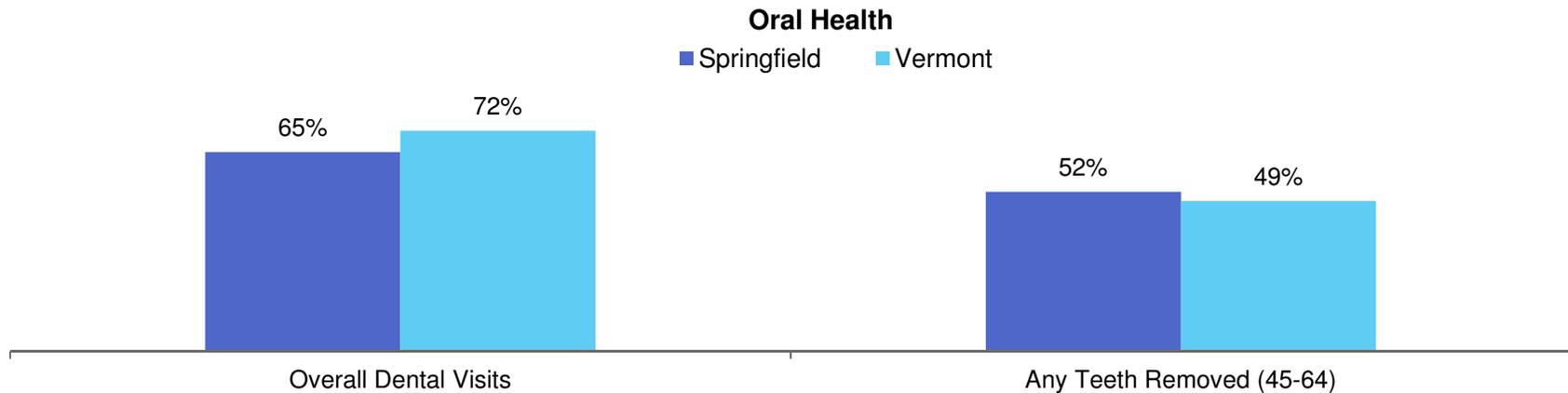


Oral Health

Springfield area adults routinely visit the dentist at similar rates to Vermont adults overall (65% vs. 72%).

Similarly, Springfield adults report having at least one tooth removed at statistically similar rates, as compared to Vermont adults overall (52% vs 49%).

Oral health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



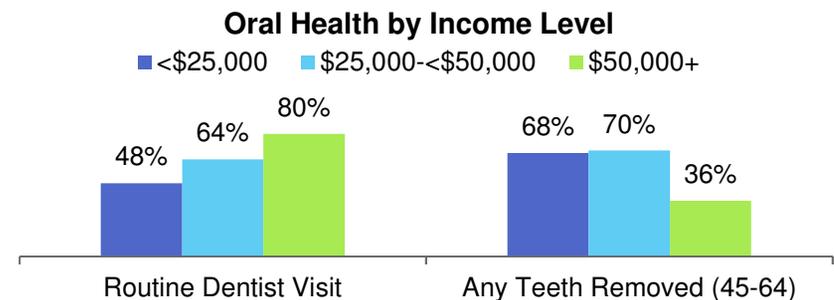
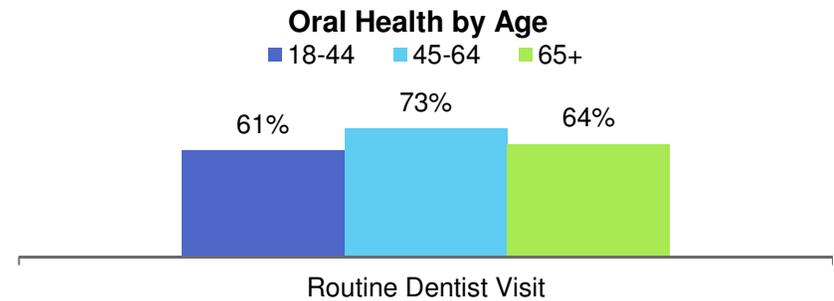
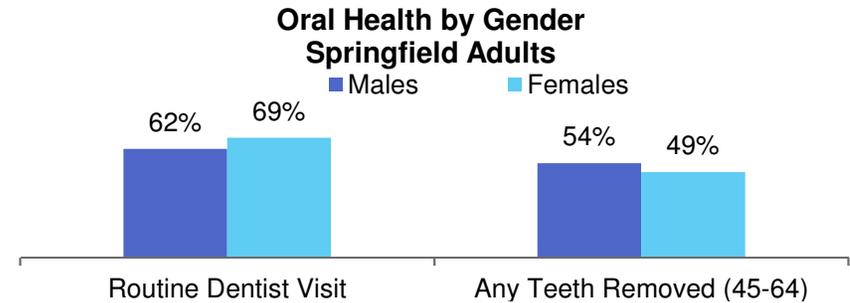
Oral Health

Among Springfield adults, there are no differences by gender in routine dental visits and having one or more teeth removed/extracted.

Routine dental visits do not vary significantly by age.

Springfield area adults living in homes with more income are more likely to visit the dentist routinely and less likely to have had teeth removed.

- Adults in homes making less than \$25,000 per year are significantly less likely to visit the dentist than those in homes making at least \$50,000.
- Adults, 45-64, in homes making at least \$50,000 are significantly less likely to have had teeth removed than those in homes with less income.



HIV Screening

In 2013-2014, three in ten (31%) Springfield area adults had ever been tested for HIV, the same as reported among Vermont adults overall.

Men and women in the Springfield area report HIV testing at similar rates.

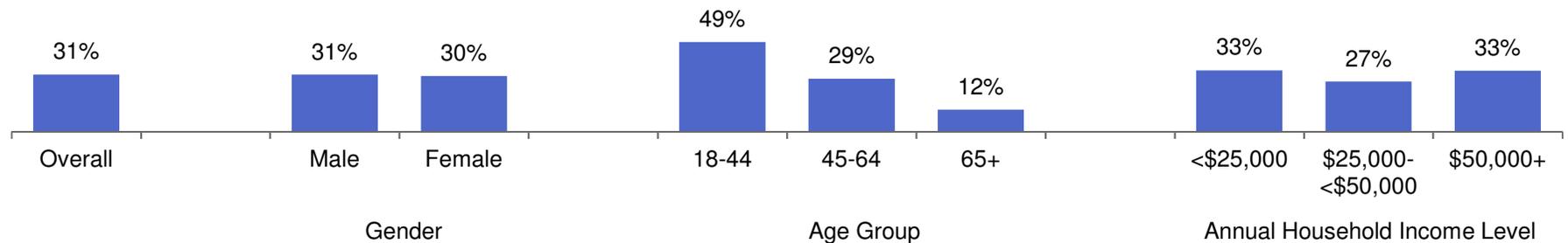
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences in HIV testing by annual household income level, among adults in the Springfield area.

HIV testing among Springfield adults has not change significantly since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups
Springfield Adults**



Cancer Screening

In 2012-2014, less than nine in ten (87%) women ages 50-74 in the Springfield area report meeting breast cancer screening recommendations. This is higher than the 79% among all Vermont women in this age group however, these differences are not significant.

- The breast cancer screening recommendation is a mammogram every two years.

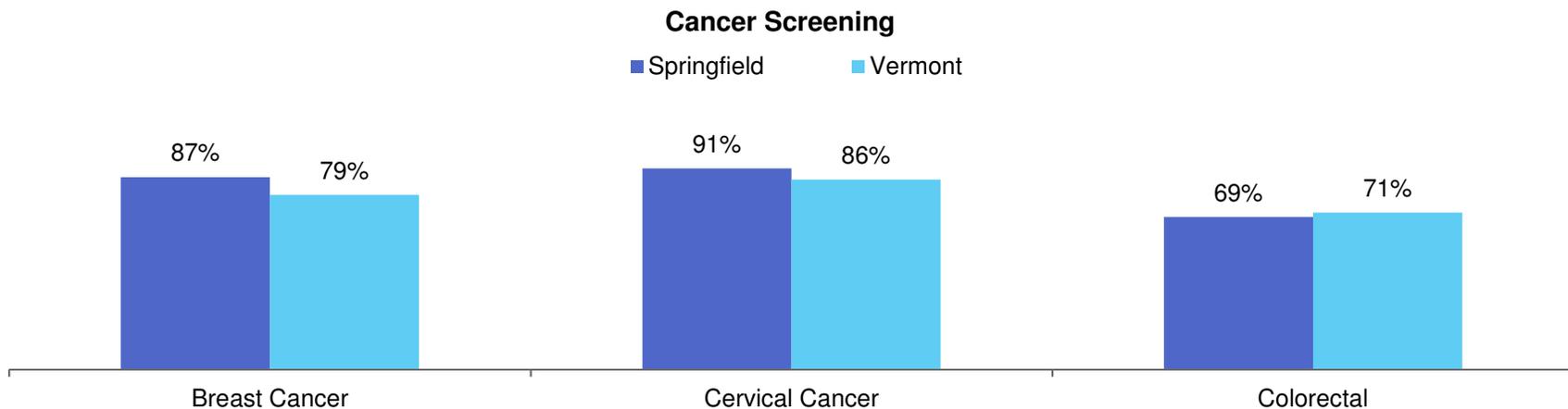
Ninety-one percent of women 21-65 who live in the Springfield area met cervical cancer screening recommendations, statistically similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Springfield area, seven in ten (69%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Cancer Screening questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Cancer Screening

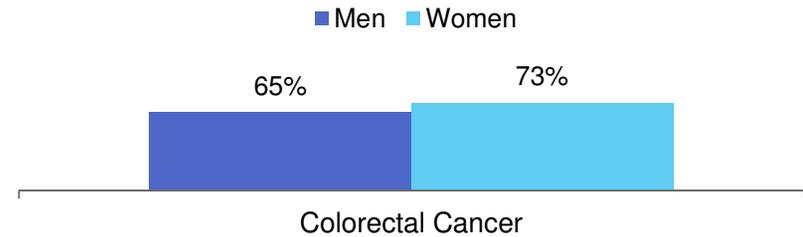
Among Springfield area adults, there are no statistically significant differences by gender in receipt of recommended standard cancer screenings.

Springfield area adults in homes with more income are more likely to meet cancer screening recommendations.

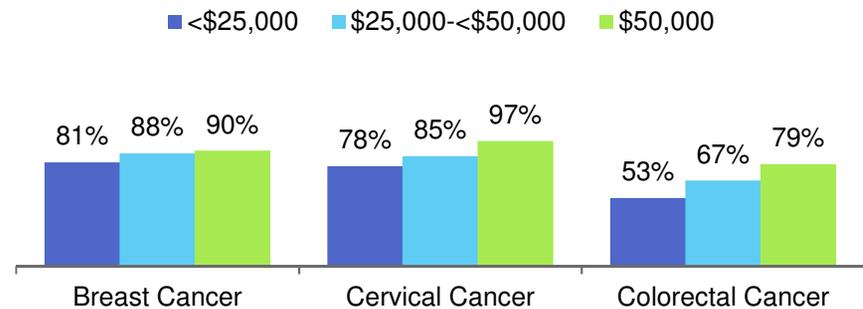
- Springfield adults 50-75 years of age making \$50,000 or more are significantly more likely to meet recommendations for screening for colorectal cancer than those who live in households with less than \$25,000.
- Likewise, women 21-65 in homes with the most income are also significantly more likely to meet cervical cancer screening recommendations, compared to those in home with incomes of less than \$25,000 annually.

Receipt of breast cancer screening among women 50-74, does not differ significantly by annual household income.

**Cancer Screening By Gender
Springfield Adults**



Cancer Screening by Income Level



Appendix A: Springfield District Office Trend Results (2011-2014)

Health Status Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Fair or Poor General Health	17%	17%	16%	No
Poor Physical Health	10%	12%	14%	No
Poor Mental Health	15%	16%	12%	No
Disabled	30%	28%	26%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
No Personal Doctor	11%	14%	15%	No
No Doctor Because of Cost	12%	11%	10%	No
No Health Plan (ages 18-64)	11%	13%	10%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Arthritis	32%	33%	33%	No
Depression	24%	27%	24%	No
Obesity	22%	25%	27%	No
Asthma	10%	11%	11%	No
Diabetes	11%	10%	8%	No
Non-Skin Cancer	8%	9%	10%	No
Cardiovascular Disease (CVD)	10%	10%	11%	No
Skin Cancer	6%	7%	8%	No
Chronic Obstructive Pulmonary Disease (COPD)	4%	7%	9%	Yes

Appendix A: Springfield District Office Trend Results (2011-2014)

Risk Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Smoking	20%	19%	22%	No
Binge Drinking	16%	15%	14%	No
No Exercise	20%	19%	17%	No
Recent Marijuana Use	5%	5%	N/A	No
Heavy Drinking	8%	6%	7%	No
Seldom or Never use Seatbelt	4%	4%	4%	No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Routine Doctor Visit, in Last year	72%	70%	69%	No
Pneumococcal Vaccine, Ever, Ages 65+	72%	73%	79%	No
Flu Shot in the Last Year, Ages 65+	66%	65%	70%	No
Ever Tested for HIV	26%	29%	31%	No

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

Jessie.hammond@state.vt.us

802-863-7663

Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns included in the Springfield Health District are: Grafton, Londonderry, Rockingham, Windham, Andover, Baltimore, Cavendish, Chester, Ludlow, Plymouth, Reading, Springfield, Weathersfield, West Windsor, Weston, and Windsor.